up and significant reduction on medications consumption. Patients who increased BMI during the wait list presented lower rates of comorbidities resolution compared to patients who maintained or reduced their BMI in the wait list. Based on the outcomes presented, bariatric surgery is a procedure that can help the Brazilian health system to treat obesity and its co-morbidities

PCV95

A CONSERVATIVE APPROACH TO ASSESS WARFARIN TIME-IN-THERAPEUTIC RANGES AMONG NONVALVULAR ATRIAL FIBRILLATION PATIENTS IN AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SETTING IN THE U.S

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OBJECTIVES: The efficacy of warfarin for reducing stroke risk is influenced by its time-in-therapeutic range (TTR, i.e. time patients spend having an international normalized prothrombin time ratio, INR=2-3). This study evaluated warfarin TTRs among nonvalvular atrial fibrillation (NVAF) patients treated in an integrated healthcare delivery system (IDHS) setting. **METHODS:** Patients with NVAF, warfarin therapy, and INR measurements were identified from an electronic medical record database (1/1/2004-8/31/2013). NVAF patients were required to have ≥6 INR test values to ensure chronic warfarin therapy. Warfarin TTRs were determined by the modified Rosendaal method. INR values collected during hospitalization stays were not included in the TTR calculation, since they may not be indicative of poor INR control. Patient characteristics during a 12-month follow-up period after the first INR test were evaluated. **RESULTS:** Among the NVAF study population, greater than half (54%, n=1,595) had a low TTR (<60%) and 46% (n=1,356) had a high TTR (≥60%). Mean ages of patients with low and high TTR were 71.1 and 72.2 years, respectively. Charlson Comorbidity Index (2.9 vs. 2.3, p<0.001) and CHADS2 (2.2 vs. 2.0, p<0.001) scores were higher for NVAF patients with low TTR vs. high TTR. Among NVAF patients with low TTR, 79% had a warfarin TTR <55% and 21% had a TTR of 55-60% during the follow-up period. Among NVAF patients with high TTR, 24%, 41%, and 35% had warfarin TTRs of 60-64%, of 65-74%, and ≥75%, respectively during the follow-up period. Among NVAF patients with low and high TTR, 45% and 73% of them spent time in the warfarin therapeutic range (INR between 2-3), respectively. **CONCLUSIONS:** Based on a conservative approach to evaluate the warfarin TTR, our results indicate that it still remains very challenging in a contemporary real-world setting to achieve consistently good levels for the majority of our NVAF patients.

PCV96

ANALYSIS OF KENTUCKY MEDICAID MANAGED CARE VERSUS FEE-FOR-SERVICE SYSTEMS: MEDICATION ADHERENCE IN PATIENTS WITH ESSENTIAL HYPERTENSION

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OBJECTIVES: A key goal for managed care organizations is to improve patient health outcomes and reduce costs. One strategy involves increasing medication adherence among patients with chronic diseases. The Kentucky Department for Medicaid Services contracted with three managed care organizations in November 2011 to transition the state's traditional fee-for-service Medicaid patients into capitated managed care. The purpose of this study is to determine differences in medication adherence before and after the switch from fee-for-service to managed care for Medicaid patients in Kentucky with essential hypertension between 2010 and 2012. **METHODS:** The retrospective cohort study sample will be drawn from a database of Kentucky Medicaid patient (age 18-64) medical and prescription claims between 2010 and 2012. The University of Kentucky Internal Review Board approved the study. The study will include descriptive statistics of the medication possession ratio (MPR) and control variables including patient demographics, type of antihypertensive, and comorbidities. Bivariate analyses will measure the effect of each variable on the change in MPR as a result of the switch. Multivariate analysis will be a difference-in-difference regression model, measuring the pre and post differences in MPR due to the introduction of managed care. **RESULTS:** Initial data collected indicate that average MPR decreased by about 13 percentage points, regardless of medication class, after Medicaid managed care in Kentucky took effect, with other factors held constant. A 13-percentage point decrease in MPR corresponds to about 45 fewer days of medication possession. **CONCLUSIONS:** Results are preliminary, but indicate a need to address the efficacy of Medicaid managed care on adherence to antihypertensives in Kentucky. Additional studies should be conducted with data from 2013 to ensure confounding due to transitional issues is eliminated. Future studies will examine the effect of Medicaid managed care on adherence in hyperlipidemia, diabetes, asthma, and mental health disorders.

PCV97

THE 5 PRINCIPAL CAUSES OF DEATH IN MEXICO IN THE LAST 5 YEARS, IS THE PUBLIC HEALTH SYSTEM COVERING THESE NEEDS?

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OBJECTIVES: The aim of this work is to demonstrate if the National Health Formulary (NHF) has included drugs related to the principal causes of death in the last 5 years (Diabetes Mellitus (DM), Ischemic Heart Diseases (IHD), Cerebrovascular Diseases (CD), Alcoholic Liver Diseases (ALD) and Chronic Obstructive Pulmonary Disease (COPD)), and if the number of the drugs added each year is in accordance with the increase number of deaths per disease. **METHODS:** A search in the National Institute of Statistics and Geography and the National System of Information on Health was done, from 2009 to 2013, related to the 5 principal causes of death in Mexico. Then, there were counted and analyzed the number of drugs prescribed for each disease studied in the last 5 NHF editions. Finally, all data obtained was matched and analyzed to see if there any trend and relation between the number of drugs added in the NHF and the percentage of deaths listed for each disease. **RESULTS:** The NHF has drugs for every disease evaluated. In the period analyzed, the number of drugs for DM has increased from 18 to 24. In the case of IHD, the number has also grown from 20 to 32. For CD there has been also an addition from 10 to 13. The drugs for ALD is the same in each year (only one drug). At last, for COPD the number has change from 35 to 36 drugs. Comparing with the number of deaths, the IHD is the disease with the biggest increased of deaths (22%), then the DM with 12%, COPD 11%, ALD 4%, and CD 3%. **CONCLUSIONS:** Although there have been added new drugs prescribed for the diseases that caused the deaths of most population in the NHF, this quantity is not comparable with the growing of deaths observed in each disease.

PCV98

SOCIOECONOMIC FACTORS AND PRESCRIBED MEDICINES EXPENDITURES ASSOCIATED WITH ANTIHYPERLIPIDEMIC THERAPY; A COMPARISON BETWEEN HYPERLIPIDEMIA PATIENTS WITH AND WITHOUT TREATMENT

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OBJECTIVES: As reported by the Centers for Disease Control and Prevention (CDC) more than half of adults with high blood cholesterol level did not receive any treatment. Untreated high blood cholesterol can lead to coronary heart diseases. The primary objective of this study is to describe and contrast the socioeconomic factors between treated and untreated patients with hyperlipidemia. Secondary objective is to compare prescribed medicines expenditures between the two groups. **METHODS:** This study conducted cross-sectional secondary data analyses using 2012 Medical Expenditures Panel Survey (MEPS). Study subjects consisted of US civilian, non-institutionalized adults diagnosed with high blood cholesterol. Series of statistical comparisons on socioeconomic factors, and prescribed medicines expenditures and utilizations between hyperlipidemia patients with any FDA-approved lipid lowering agent and hyperlipidemia patients without lipid lowering agents. The Andersen Behavioral Model was applied to define the socioeconomic factors. SAS 9.3 statistical software was used for all analyses including sample weights and standard errors adjustments. **RESULTS:** Approximately 19 million patients had high blood cholesterol related events in 2012. The average age of treatment group was older than the average age of no-treatment group, 64 and 62 years old respectively, (p<0.001). 95% of hyperlipidemia patients with high income had treatment, on the contrary, 93% of hyperlipidemia patients with near poor income had treatment. The average total prescription expenditures for patients with treatment was higher than patients without treatment, $3032 and $2509 respectively, (p<0.001). **CONCLUSIONS:** The study findings showed substantial number of hyperlipidemia patients without treatment. Also there were some socioeconomic differences between treatment group and no-treatment group. Further research is recommended to understand the complex role of socioeconomic factors in hyperlipidemia therapy to make more effective policies and programs designed to improve treatment for one of the major chronic conditions in the United States.

PCV99

THE USE OF STATINS AMONG PRIOR-USERS AFTER HEMODIALYSIS

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OBJECTIVES: To analyze the use of statins in 90 days after hemodialysis among the prior-users. **METHODS:** This retrospective cohort study used the 1997-2008 National Health Insurance Research Data to analyze the use of statins among prior users aged 20 years or older after they started maintenance hemodialysis. These prior users were prescribed with statins at least once in 180 days prior to hemodialysis. Discontinuation of statin prescription was defined when there was no prescription records in the following 90 days, and the date of discontinuation was coded as the last date of prescription plus medication period. We used Cox proportional hazard model to examine the potential factors attributable to the discontinuation of statin prescription. We also analyze the pattern of re-use of statins after one year. **RESULTS:** Among 8982 statin users, 2079 patients continued to use statins after hemodialysis. In 90 days after hemodialysis, the average medication days among the continued users was 65.8 days. Among the discontinued users, 65% stopped using statins in the 90 days before hemodialysis; 8.7% of them started using statins in the first 6 months and 19% started in the first year again. Analysis of the Cox proportional hazard model showed that being male(HR 1.10, 95% CI 1.05, 1.15) and no statin prescription in 90 days before hemodialysis(HR 1.78ï¿½, 95% CI 1.68, 1.87) were attributable to the discontinuation of statins in 90 days after hemodialysis; those with coronary heart disease(HR 0.93ï¿½, 95% CI 0.89, 0.98) and peripheral vascular disease(HR 0.87ï¿½, 95% CI 0.79, 0.96) tended to continue using statins. **CONCLUSIONS:** Most statin users stopped using statins after hemodialysis. In fact, most of them stopped using statins in the 90 days before hemodialysis. Subjects who were female and with medical history of cardiovascular diseases or peripheral vascular disease were more likely to continue using of statins after hemodialysis.

PCV100

AGENTS ACTING ON RENIN-ANGIOTENSIN SYSTEM USAGE IN CROATIA DURING THE FOURTEEN-YEAR PERIOD: IMPACT OF GENERICS

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OBJECTIVES: Cardiovascular diseases (CVD) are the major health problem in contemporary world, particularly in developing countries. The impact of the costs of Agents acting on RAS to the healthcare budgets is relatively high. It is important to establish the use of cheaper generic and to reduce the healthcare costs. The aim of our study was to identify and analyze changes in the usage of these